

Revision: HCFA-PH-86-20 (BERC)  
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Transmittal #91-25  
ATTACHMENT 3.1-B  
Page 1  
OMB No. 0938-0193

State/Territory: OREGON

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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The following services are provided.

For children (under age 21) and pregnant women all services  
described in Attachment 3.1-A, except 3.1-A 15.a and 15.b and  
3.1-A 16.

\*Description provided on attachment.

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Transmittal #91-25  
ATTACHMENT 3.1-B  
Page 2  
OMB No. 0938-

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Aged, Blind & Disabled

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☐ Provided: ☐ No limitations ☐ With limitations\*

- 2.a. Outpatient hospital services.

☐ Provided: ☐ No limitations ☐ With limitations\*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise covered under the Plan).

☐ Provided: ☐ No limitations ☐ With limitations\*

- c. See below

3. Other laboratory and X-ray services.

☐ Provided: ☐ No limitations ☐ With limitations\*

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided: ☐ No limitations ☐ With limitations\*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*

☐ Provided

- c. Family planning services and supplies for individuals of childbearing age.

☐ Provided: ☐ No limitations ☐ With limitations\*

- 2.c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub 45-4).

☐ Provided ☐ No limitations ☐ With limitations.

\*Description provided on attachment.

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State/Territory: Oregon

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled

- 5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

Provided: ☐ No limitations ☐ With limitations\*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ☐ No limitations ☐ With limitations\*

\*.Description provided on attachment.

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State/Territory: OREGON

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services  
☐ Provided: ☐ No limitations ☐ With limitations\*
- b. Optometrists' Services  
☐ Provided: ☐ No limitations ☐ With limitations\*
- c. Chiropractors' Services  
☐ Provided: ☐ No limitations ☐ With limitations\*
- d. Other Practitioners' Services  
☐ Provided: ☐ No limitations ☐ With limitations\*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.  
☐ Provided: ☐ No limitations ☐ With limitations\*
- b. Home health aide services provided by a home health agency.  
☐ Provided: ☐ No limitations ☐ With limitations\*
- c. Medical supplies, equipment, and appliances suitable for use in the home.  
☐ Provided: ☐ No limitations ☐ With limitations\*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.  
☐ Provided: ☐ No limitations ☐ With limitations\*

\*Description provided on attachment.

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State/Territory: OREGON

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Aged, Blind and Disabled

8. Private duty nursing services.  
☐ Provided: ☐ No limitations ☐ With limitations\*
9. Clinic services.  
☐ Provided: ☐ No limitations ☐ With limitations\*
10. Dental services.  
☐ Provided: ☐ No limitations ☐ With limitations\*
11. Physical therapy and related services.  
a. Physical therapy.  
☐ Provided: ☐ No limitations ☐ With limitations\*  
b. Occupational therapy.  
☐ Provided: ☐ No limitations ☐ With limitations\*  
c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.  
☐ Provided: ☐ No limitations ☐ With limitations\*
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.  
a. Prescribed drugs.  
☒ Provided: ☐ No limitations ☒ With limitations\*  
b. Dentures.  
☐ Provided: ☐ No limitations ☐ With limitations\*

\*Description provided on attachment.

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TE No. 87-42

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HCFA ID: 0140P/0102A

STATE OF OREGON

Transmittal # 93-13  
Attachment 3.1-B  
Page 4-c

LIMITATION ON SERVICES (Cont.)

12.a. Prescribed Drugs

All legend drugs will be covered subject to payment for the generic form, where available and prior authorization for those items listed in Division Administrative Rules. Applies to categorically needy only.

Payment will not be made for a drug product which is described in Section 107(c)(3) of the Federal Drug Amendment of 1962, which may be dispensed only upon prescription, for which the Secretary of HHS has issued a Notice of Opportunity for a Hearing under Section (e) of Order of the Secretary to withdraw approval of an application for such drug product under such Section because the Secretary has determined that the drug is less than effective for all conditions of use prescribed, recommended, or suggested in its labeling and for which the Secretary has not determined there is a compelling justification for its medical need; and any other drug product which is identical, related, or similar to a drug product described above for which the Secretary has not determined there is a compelling justification for its medical need, until the Secretary withdraws such proposed Order.

Payment will not be made for a drug product that is manufactured or labeled by companies that are not participating in the Medicaid Prudent Pharmaceutical Purchasing program. Payment will not be made for most non-legend drugs for adults age 21 and over.

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91-20

State/Territory: OREGON

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Aged, Blind and Disabled

- c. Prosthetic devices.  
☐ Provided: ☐ No limitations ☐ With limitations\*
- d. Eyeglasses.  
☐ Provided: ☐ No limitations ☐ With limitations\*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.  
☐ Provided: ☐ No limitations ☐ With limitations\*
- b. Screening services.  
☐ Provided: ☐ No limitations ☐ With limitations\*
- c. Preventive services.  
☐ Provided: ☐ No limitations ☐ With limitations\*
- d. Rehabilitative services.  
☒ Provided: ☐ No limitations ☒ With limitations\*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.  
☐ Provided: ☐ No limitations ☐ With limitations\*
- b. Skilled nursing facility services.  
☐ Provided: ☐ No limitations ☐ With limitations\*

\*Description provided on attachment.

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STATE OF OREGON

LIMITATION ON SERVICES

13.d. Rehabilitative Mental Health Services

Mental health rehabilitative services include coordinated assessment, therapy, daily structure/support, consultation, medication management, skills training and interpretive services. The Mental Health and Developmental Disability Services Division (the Division) may provide these services in various settings, including residential. Each contract or subcontract provider of rehabilitative services establishes a quality assurance system and a utilization review process. Each contract or subcontract provider, in conjunction with a representative quality assurance committee, writes a quality assurance plan to implement a continuous cycle of measurement, assessment and improvement of clinical outcomes based upon input from service providers, clients and families served, and client representatives.

The Division provides mental health rehabilitative services through approved Comprehensive Services Providers (CSPs) or Mental Health Organizations (MHOs). The CSPs or MHOs may provide services directly or through subcontract providers in a variety of settings. For CSP subcontract providers, the Division must grant a certificate of approval for the scope of services to be reimbursed.

Licensed Medical Practitioners (LMPs), defined below, provide ongoing medical oversight. LMPs document the medical necessity and appropriateness of services by approving comprehensive mental health assessments and individualized treatment plans at least annually.

Clinical Supervisors, defined below, provide documented clinical oversight, at least every three months, of the effectiveness of mental health treatment services delivered by Qualified Mental Health Associates (QMHA's) and by Qualified Mental Health Professionals (QMHPs).

An "LMP" means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:

1. Holds at least one of the following educational degrees and valid licensures:
  - a. Physician licensed to practice in the State of Oregon;
  - b. Nurse Practitioner licensed to practice in the State of Oregon; or
  - c. Physician's Assistant licensed to practice in the State of Oregon; and

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COMMENTS	



2. Whose training, experience and competence demonstrates the ability to conduct a comprehensive mental health assessment and provide medication management.

A "Clinical Supervisor" means a QMHP with at least two years of post graduate clinical experience in a mental health treatment setting who subscribes to a professional code of ethics. The Clinical Supervisor, as documented by the LMHA, demonstrates the competency to oversee and evaluate the mental health treatment services provided by a QMHA or QMHP.

A "QMHP" means a Licensed Medical Practitioner or any other person meeting the following minimum qualifications as documented by the LMHA or designee:

1. Graduate degree in psychology;
2. Bachelors degree in nursing and licensed by the State of Oregon;
3. Graduate degree in social work;
4. Graduate degree in a behavioral science field;
5. Graduate degree in a recreational, art, or music therapy; or
6. Bachelor's degree in occupational therapy and licensed by the State of Oregon; and
7. Whose education and experience demonstrates the competencies to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multiaxial DSM diagnosis; write and supervise a treatment plan; conduct a comprehensive mental health assessment; and provide individual, family, and/or group therapy within the scope of their training.

A "QMHA" means a person delivering services under the direct supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:

1. A bachelor's degree in a behavioral sciences field; or
2. A combination of at least three year's relevant work, education, training or experience; and
3. Has the competencies necessary to:
  - a. Communicate effectively;
  - b. Understand mental health assessment, treatment and service terminology and to apply the concepts; and
  - c. Provide psychosocial skills development and to implement interventions prescribed on a treatment plan within their scope of practice.

Only LMPs, QMHPs, or QMHAs may deliver the mental health treatment services specified in the Division's Rehabilitative Services Payment Schedule.

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STATE OF OREGON

LIMITATION ON SERVICES

13.d. Rehabilitative Alcohol & Drug Services

Alcohol and drug rehabilitative services are provided upon recommendation of a physician to eligible clients through comprehensive agencies or facilities granted a Letter of Approval by the Office of Alcohol and Drug Abuse Programs, Department of Human Resources. The services to be provided include assessment, outpatient treatment, methadone dispensing, treatment monitoring, consultation, and acupuncture.

The services will be provided by any person meeting the following minimum qualifications:

Physician licensed to practice in Oregon;

Graduate Degree in Psychology;

Graduate Degree in Social Work;

Graduate Degree in Nursing and licensed in the State of Oregon;

Acupuncturist licensed to practice in Oregon;

Any other person whose education and experience meet the standards and qualifications established by the State Office of Alcohol and Drug Abuse Programs through administrative rule.

88-21	3/10/89
89-9	10/1/88